Docket No. 1888-SPL

Declaration and Power of Attorney For Patent Application English Language Declaration

As a below named inventor, I hereby declare that:

My residence, post office address and citizenship are as stated below next to my name,

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for

below and have als inventor's or plant b	reeder's rights certific ne application on whic	• • • •	Priority Not Claimed
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		nderstand the contents of the above in amendment referred to above.	dentified specification,
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60/412,021	09/19/02	
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section 365(c) of any PCT Internations as the subject matter of elliptic states or PCT International S.S.C. Section 112, I acknowledge office all information known to response to the section 112.	ational application designating each of the claims of this ap al application in the manner p ge the duty to disclose to the ne to be material to patentab	any United States application(s), the United States, listed below are plication is not disclosed in the prorovided by the first paragraph of United States Patent and Trademaility as defined in Title 37, C. F. If the prior application and the nation
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I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under Section 1001 of Title 18 of the United States Code and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

POWER OF ATTORNEY: As a named inventor, I hereby appoint the following attorney(s) and/or agent(s) to prosecute this application and transact all business in the Patent and Trademark Office connected therewith. (list name and registration number)

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Second inventor's signature	Date
Residence	
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